

Indiana Governor's Workplace Safety Awards 2009 Application / Nomination Form

Eligibility

All Indiana businesses, unions, municipalities, schools, service organizations, nonprofit organizations or individuals are eligible to apply for the Governor's Workplace Safety Awards.

The awards are open to all organizations, regardless of size or number of workers affected. The Safety Awards review committee recognizes the limited resources of smaller entities and evaluates overall effectiveness of the program, process, technique, etc., relative to facility size.

To qualify, applicants or nominees must be deemed to be free of compliance disputes concerning all applicable local, state and federal statutes and regulations

Application Process

Please print or type all information requested below.

*Applications for consideration for the Governor's Workplace Safety Awards must be **received** by the Indiana Chamber of Commerce by Monday, January 28, 2009 at 5 p.m.*

Name of Organization: _____

Contact Individual: _____

Title: _____

Phone Number: _____ **Fax:** _____

Contact Email Address: _____

Organization Website Address: _____

Name of Individual Submitting Nomination (If different from above):

_____ **Phone Number:** _____

Organization Nominating (If different from above):

Indiana Governor's Workplace Safety Awards 2009 Application / Nomination Form

Please indicate which level of recognition and which award category the attached application form has been submitted for consideration. You may select only one award category per application; but may submit as many applications as you wish your organization to be considered for. (see example in Appendix A).

Level of Recognition (select one box per award application)

- | | | |
|--------------------------|---------------------------------------|---------------|
| <input type="checkbox"/> | Entire Organization | - Name: _____ |
| <input type="checkbox"/> | Division within an Organization | - Name: _____ |
| <input type="checkbox"/> | Individual site or location | - Name: _____ |
| <input type="checkbox"/> | Individual person / team of employees | - Name: _____ |

Please indicate if the applicant is a public section employer / employee: ☐

General Industry Award Categories (select one box per section)

(see Appendix B for category definitions)

<p><u>Business Size</u> - select one box only (based on 2008 hours worked)</p> <p><input type="checkbox"/> Small – under 100 employees (200,000 hours or less worked)</p> <p><input type="checkbox"/> Medium – 101 and 499 employees (approx. 200,001 and 1 million hours worked)</p> <p><input type="checkbox"/> Large – more than 500 employees (more than 1 million hours worked)</p> <p><input type="checkbox"/> Individual or Team of Employees</p>	<p><u>Award Category</u> - select one box only</p> <p><input type="checkbox"/> Innovations</p> <p><input type="checkbox"/> Education / Outreach - External</p> <p><input type="checkbox"/> Education / Outreach - Internal</p> <p><input type="checkbox"/> Partnerships</p>
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Construction Award Categories (select one box per section)

(see Appendix B for category definitions)

<u>Contractor Type</u> - select one box only	<u>Award Category</u> – select one box only
<input type="checkbox"/> General Contractor	<input type="checkbox"/> Innovations
<input type="checkbox"/> Residential Contractor	<input type="checkbox"/> Education / Outreach - External
<input type="checkbox"/> Specialty Contractor	<input type="checkbox"/> Education / Outreach - Internal
	<input type="checkbox"/> Partnerships

Additional Application Materials Required – please answer the following questions that pertain **only** to the award category for which you seek recognition.

All Safety Award applicants are required to answer questions 1 through 8:

1. Please provide a description, overview or summary of the organization submitting this application and its safety accomplishments.
2. Provide a table, line or chart graph indicating your last 3 years of recordable claim injury frequency (TCIR) rate history. Please ensure you rate is calculated using OSHA's standard frequency rate formula (number of OSHA recordable claims x 200,000 / number of annual hours worked by all employees).
3. Provide a table, line or chart graph indicating your last 3 years of lost time claim injury frequency rate (DART) history. Can be place on same chart as in question 1. Please ensure you rate is calculated using OSHA's standard frequency rate formula (number of OSHA lost time recordable claims x 200,000 / number of annual hours worked by all employees).
4. Provide a table, line or chart graph indicating your last 3 years of severity rate frequency rate history. Please ensure you rate is calculated using OSHA's standard frequency rate formula (number of work days lost plus restricted work shifts worked x 200,000 / number of annual hours worked by all employees).
5. Indicate your North American Industrial Classification System code (NAICS) (formerly the Standard Industrial Classification or SIC system) and the average injury rate for your group. This information can located at <http://www.bls.gov/iif/oshwc/osh/os/ostb1917.txt>

6. Please provide a copy of your site's and/or organization's/company's safety commitment statement/ policy.
7. Please provide a safety organizational chart of the organization that best corresponds with the level of recognition award being applied for.
8. Have you/ your organization received any internal or external safety recognition awards or honors for your efforts.
9. Has this location experienced any OSHA/IOSHA violation of a serious or higher level of classification within the last 5 years?
10. What leading safety indicators do you use to measure your safety program? Please provide a brief description of each measure and the metric.
11. Please describe how employees participated in the safety activity for which you are seeking recognition.

Only / all Construction award nominees are required to answer questions in this section:

12. Please outline the specific area of construction your company, organization or workplace performs?
13. Please indicate your company's EMI rate for the last 3 years
14. What were your worker's compensation costs by year, for 2007, 2006 and 2005? Please provide your 2008 costs if the are available.
15. Has this location experienced any fatality injuries within the last 5 years? If yes, please indicate when and circumstance.

All Innovation award nominees are required to answer questions in this section:

- a. Please describe the new or unique health and safety approach; training program; procedure; device or thing that was implemented.
- b. What prompted you to implement the above action?
- c. What impact or benefit has the above action yielded?
- d. Please describe any barriers that had to be overcome in developing and / or implementing the above action or activity?

All Education / Outreach External award nominees are required to answer questions in this section:

- a. Please describe the safety activity, practice or educational activity(s) that was developed, implemented or shared with an external group?
- b. Please provide a description of the external group who was benefited by the above activity?
- c. How was the activity shared or implemented; how did external group “buy into” the activity; what benefits did your organization and the external group gain by the activity?

All Education / Outreach Internal award nominees are required to answer questions in this section:

- a. Please describe the safety best practice, activity, or educational activity(s) that your group developed, implemented and shared with other parts of your organization?
- b. Please provide a description of the internal group who was benefited by the above activity?
- c. How was the best practice / activity shared or implemented; how did the other employees “buy into” the activity; what benefits did these employees / internal group gain by adopting the activity?
- d. How was the impact of the activity measured?

All Partnerships award nominees are required to answer questions in this section:

- a. Please describe the safety practice or activity(s) that was implemented by the partnership?
- b. What prompted your organization to select the above activity and to partner with the other organization?
- c. Please outline your organization’s role was in developing and promoting the activity?
- d. Please outline the partner organization's role was in developing and promoting the activity?
- e. Please describe the target audience of the activity; their level of participation; benefits to be gained by the audience?
- f. Describe the level of success the activity achieved.

Nomination Submission:

Please submit six (6) copies of the following items:

For General Industry / Public Sector Applicants:

- Completed pages 1 and 2.
- Responses to questions 1 through 11.
- Responses to the specific questions applicable to safety award for which recognition is being sought.
- Supplemental materials (if any) are encouraged, i.e. newspaper articles, photographs, or other publications.

For Construction Industry Applicants:

- Completed pages 1 and 3.
- Responses to questions 1 through 15.
- Responses to the specific questions applicable to the safety award for which recognition is being sought.
- Supplemental materials (if any) are encouraged, i.e. newspaper articles, photographs, or other publications.

Please note: All nominations/applications for the Governor's Workplace Safety Awards must be received by the Indiana Chamber of Commerce by 5 p.m., Monday, January 28, 2008.

Please mail/hand deliver the completed nomination packet to:

Governor's Workplace Safety Awards
Attention: Jennifer Sexton-Gillis
Indiana Chamber of Commerce
115 West Washington Street, Suite 850S
Indianapolis, Indiana 46204

Award Selection Committee

A review committee composed of representatives from the specific category area and each partner of the Indiana Safety and Health Conference will evaluate the applications. The Governor's Awards are competitive and will recognize only exemplary innovations. It is possible that no award will be selected in any particular category. Multiple awards may also be award in any one category.

APPENDIX A – General Industry Awards

Example of How to Apply for and Complete an Award

Level of Recognition (select one box)

- ☐ Entire Organization - Name: _____
- ☒ Division within an Organization - Name: ABC Cpy, a division of Smith Enterprises
- ☐ Individual site or location - Name: _____
- ☐ Individual person / team of employees - Name: _____

General Industry Award Categories (select one box per section)

(see Appendix B for category definitions)

<u>Business Size</u> - select one box only (based on 2008 hours worked)	<u>Award Category</u> - select one box only
<input type="checkbox"/> Small – under 100 employees (200,000 hours or less worked)	<input type="checkbox"/> Innovations
<input checked="" type="checkbox"/> Medium – 101 and 499 employees (approx. 200,001 and 1 million hours worked)	<input checked="" type="checkbox"/> Education / Outreach - External
<input type="checkbox"/> Large – more than 500 employees (more than 1 million hours worked)	<input type="checkbox"/> Education / Outreach - Internal
<input type="checkbox"/> Individual or Team of Employees	<input type="checkbox"/> Partnerships

APPENDIX A – Construction Industry Awards

Example of How to Apply for and Complete an Award

Level of Recognition (select one box only per application)

<input checked="" type="checkbox"/>	Entire Organization	- Name: J & J Home Development Inc.
<input type="checkbox"/>	Division within an Organization	- Name: _____
<input type="checkbox"/>	Individual site or location	- Name: _____
<input type="checkbox"/>	Individual person / team of employees	- Name: _____

Construction Award Categories (select one box per section)

(see Appendix B for category definitions)

<u>Contractor Type</u> - select one box only	<u>Award Category</u> – select one box only
<input type="checkbox"/> General Contractor	<input type="checkbox"/> Innovations
<input checked="" type="checkbox"/> Residential Contractor	<input type="checkbox"/> Education / Outreach - External
<input type="checkbox"/> Specialty Contractor	<input type="checkbox"/> Education / Outreach - Internal
	<input checked="" type="checkbox"/> Partnerships

APPENDIX B

Level of Recognition Definitions:

<u>Term Use</u>	<u>Meaning or Definition</u>
Entire Organization / Multi-divisional company	An employer/company of any size that has two or more separate divisions work locations in which it employs employees; and whose nomination includes the activities and safety performance of all of them.
Division	A group of facilities, sites or locations that are considered a common business unit of a larger organization and whose nomination includes the activities and safety performance of all sites within that business unit.
Individual Facility	A given site, location or area of any size that makes up or is a part of a larger organization or division.
Individual	A person or small group of persons who were involved in or instrumental in the activity for which they are nominated.

Award Category Definitions:

Innovations	<p>This award category should highlight:</p> <ul style="list-style-type: none">- an new or unique approach that was implemented to enhance a company's safety program- the development of a new training program or procedure that reduced employee injuries; or- development of a new device or thing that would protect a person from injury or reduce the severity of any injury.- how the site adapted to new hazards.
Education or Safety Assistance – Internal Outreach	<p>This award category should highlight providing accident prevention educational activities or sharing of “safety best practices” within the applicant's place of work as a one time or on going activity.</p> <p>The practice(s) should be identified, description of how it was shared, population impacted, how employees “bought into” the suggestion, benefits of practice if known or measurable, etc</p>
Education or Safety Assistance – External Outreach	<p>This award category should highlight providing accident prevention educational activities to a group or groups outside/ external of the applicant's workplace as a one time or on going activity. Examples of such activities may include sharing safety information:</p>

	<ol style="list-style-type: none"> 1) with a neighboring plant (i.e. mentoring a smaller employer size) or community group 2) contributing to community event (i.e. Healthfair event) 3) working with any external organization that promotes accident prevention or safety. 4) joined with other local employers to mutually assist one another in the event of an unfortunate large mishap. i.e. assist flood victims; provide shelter to an employer's population in the event of a fire or tornado; provide guidance to a municipality in developing an emergency response plan,
Partnerships	<p>This award category should highlight an activity or activities where the employer has joined with another external group to promote injury prevention. Examples of such activities may include:</p> <ol style="list-style-type: none"> 1) Jointly hosting or sponsoring a safety conference for their own employees; area employers; etc. 2) Contributing monies for the purchase of safety equipment that would benefit a group i.e. purchase gas detection equipment for a fire department confined space rescue team. 3) Solving a safety issue at one workplace by working with another workplace or individual.

Contractor Category Definitions:

Specialty Contractor	A contractor involved in a very specific area, typically 1 trade involvement, i.e. heating and cooling, roofing, brick-laying, etc. Could be for either residential or general construction.
General Contractor	A contractor responsible for the construction of non-residential buildings or large residential buildings (4 stories plus), typically of concrete block, steel, poured concrete. The course of construction may require the oversight of several specialty contractors on the job.
Residential Contractor	A contractor specializing in the construction of residential buildings, generally of wood stud framing, generally 3 stories or less.